

ORTHOPEDIC HISTORY TAKING

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ORTHOPEDIC SURGEON

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TOPICS TO BE COVERED

- *Importance of History taking*
- *Structure*
- *Musculoskeletal Complaints*
- *Special Orthopedic Concerns*
 - *Red flags*
 - *Risk factors*
 - *Treatment history*

HISTORY TAKING SKILLS

- **History** taking is the most **important** step in making a diagnosis
- A clinician is,
 - * 60% closer to a diagnosis with a thorough History
 - * 40% by Examination & Investigations
- **MSK** History taking is,
 - * **Traumatic**
 - * **Non-traumatic**

H/O STRUCTURE

- *Demographic Info*
- *Chief complaint & its details*
- *Functional level*
- *Treatment (any type)*
- *Systemic enquiry*
- *PMH*
- *PSH*
- *Drug*
- *Smoking*
- *Occupation*
- *Allergy*
- *Family*
- *Social*

MSK MAIN COMPLAINTS

MSK MAIN COMPLAINTS

- 1. Pain***
- 2. Stiffness***
- 3. Swelling***
- 4. Instability***
- 5. Deformity***
- 6. Limp***
- 7. Loss of function***
- 8. Altered Sensation***
- 9. Weakness***

I) PAIN

- *Location* → “Point with a finger to where it is”
- *Duration* → *acute or chronic*
- *Onset:*
 - *Injury*
 - *Mechanism of injury*
 - *How was it treated?*
 - *Insidious*
- *Type*
- *Radiation*



I) PAIN

- Progression
 - Is it better, worse, or the same
- When
 - Walking
 - Rest
 - Night
 - Constant
- Aggravating & Relieving Factors
 - Stairs
 - Start up
 - Pain with twisting & turning
 - Kneeling
 - Squatting



2) SWELLING

- Onset & duration
- Painful or not
- Local vs. generalized
- Constant vs. comes & goes
- Size progression
- Growing: rapidly or slowly
- Aggravating & relieving factors
- Associated with injury or reactive
- From: soft tissue, joint, or bone



3) INSTABILITY

- Onset
- How did it start?
- Any Hx of trauma?
- Frequency
- Aggravating / relieving factors
- Giving way / Locking
- “I can not trust my leg!”
- Associated symptoms
 - Swelling
 - Pain



3) **INSTABILITY: MECHANICAL SYMPTOMS**

Locking / clicking

- Due:
 - Loose body,
 - Meniscal tear

Giving way

- Due:
 - Ligamentous (ACL, PCL, MCL, LCL)
 - Patella

4) DEFORMITY

- *When did you notice it?*
- *Progressive or not?*
- *Associated with symptoms (pain, stiffness, ...)*
- *Impaired function or not?*
- *Past Hx of trauma or surgery*
- *Known disease (neuromuscular, polio)*



5) LIMPING

- *Painful vs. painless*
- *Traumatic or non-traumatic?*
- *Onset (acute or chronic)*
- *Progressive or not?*
- *Use walking aid?*
- *Functional disability?*
- *Associated → swelling, deformity, or fever.*

6) LOSS OF FUNCTION

How has this affected the patient's life:

- Home (daily living activities DLA)
 - Prayer
 - Squat or kneel for gardening
 - Using toilet
 - Getting out of chairs / bed
 - Socks
 - Stairs
 - Walking distance
 - Go in & out of car
- Work
- Sport
 - Type & intensity
 - Run, jump

SPECIAL ORTHOPEDIC HISTORY



RED FLAGS IN HISTORY

- *Pain → constant, at rest, night*
- *Constitutional symptoms → fever, sweat, weight loss, anorexia*
- *Sudden → significant weight loss, difficulties with urination or defecation*
- *Loss or acute alteration → motor/sensory function*

RISK FACTORS

- Age (the extremes)
- Gender
- Obesity
- Lack of physical activity
- Inadequate dietary calcium and vitamin D
- Smoking (any kind)
- Occupation and Sport
- Family History (as: SCA)
- Infections
- Medication (as: steroid)
- Alcohol
- P.H Musculoskeletal injury/condition
- P.H Cancer

HISTORY OF TREATMENT

(CURRENT AND PREVIOUS)

-
- **Non-operative:**
 - *Medications:*
 - *Analgesia*
 - *Antibiotics*
 - *Patient's own medications*
 - *Physiotherapy*
 - *Orthotics:*
 - *Walking aid*
 - *Splints*
 - **Operative:**
 - *What, where, and when?*
 - *Peri-operative complications*
 - **Traditional medicines & treatments**

ANY QUESTION ?

BY NOW

*You are able & know how to
take a MSK relevant history of the
major musculoskeletal conditions*

REMEMBER

TOPICS COVERED

- Importance → 60% reach diagnosis
- Structure → 13 item + Ped H/O
- Musculoskeletal C/O → 9 in general
- Special Orthopedic history → NEVER miss them
 - Red flags
 - Risk factors
 - Treatment history